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APPLICATION NUI: BER FILING/RECEIPT DATE FIRST NAMED APPLICANT ATTORNEY DOCKET NUMBER

09/751.708 12/28/2000 David S. Terman

David S. Terman P.O. Box 987 Pebble beach, CA 93953 CONFIRMATION NO. 83É9
FORMALITIES LETTER
OC000000008645359

Date Mailed: 08/19/2002

NOTICE TO COMPLY WITH REQUIREMENTS FOR PATENT APPLICATIONS CONTAINING NUCLEOTIDE SEQUENCE AND/OR AMINO ACID SEQUENCE DISCLOSURES

Applicant is given TWO MONTHS FROM THE DATE OF THIS NOTICE within which to file the items indicated below to avoid abandonment. Extensions of time may be obtained under the provisions of 37 CFR 1.136(a).

A copy of the "Sequence Listing" in computer readable form has been submitted. However, the content of
the computer readable form does not comply with the requirements of 37 C.F.R. 1.822 and/or 1.823, as
indicated on the attached copy of the marked -up "Raw Sequence Listing." Applicant must provide a
substitute computer readable form (CRF) copy of the "Sequence Listing" and a statement that the content
of the sequence listing information recorded in computer readable form is identical to the written (on paper
or compact disc) sequence listing and, where applicable, includes no new matter, as required by 37 CFR
1.821(e), 1.821(f), 1.821(g), 1.825(b), or 1.825(d).

For questions regarding compliance to these requirements, please contact:

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Items Required To Avoid Processing Delays:

The item(s) indicated below are also required and should be submitted with any reply to this notice to avoid further processing delays.

M FC:2202

Additional claim fees of \$661 as a small entity, including any required multiple dependent claim fee, are
required. Applicant must submit the additional claim fees or cancel the additional claims for which fees are

10/18/2002 MDANTE1 00000054 09751708

Adjustment date: 02/03/2003 YGIZAW 10/18/2002 MDAMTE1 00000054 09751708

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01 FC:2202

02 FD:35542

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due.

SUMMARY OF FEES DUE:

Total additional fee(s) required for this application is \$661 for a Small Entity

- Total additional claim fee(s) for this application is \$661
 - \$171 for 40 total claims over 20.
 - \$490 for 28 independent claims over 3.

A copy of this notice <u>MUST</u> be returned with the reply.

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